

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415600869

Report Date: 12/18/2020

Date Signed: 12/22/2020 02:15:59 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066	
FACILITY EVALUATION REPORT			
FACILITY NAME: SILVERADO SENIOR LIVING - BELMONT HILLS		FACILITY NUMBER:	415600869
ADMINISTRATOR: JOAN D NEWMAN		FACILITY TYPE:	740
ADDRESS: 1301 RALSTON AVE		TELEPHONE:	(650) 654-9700
CITY: BELMONT	STATE: CA	ZIP CODE:	94002
CAPACITY: 112	CENSUS: 89	DATE:	12/18/2020
TYPE OF VISIT: Case Management - Other	UNANNOUNCED	TIME BEGAN:	03:56 PM
MET WITH: Glynis Marcantel & Joan Newman		TIME COMPLETED:	04:30 PM
NARRATIVE			
1	On December 18, 2020, Licensing Program Analyst (LPA) Shabana Buksh conducted an unannounced		
2	case management inspection. This monitoring inspection was conducted to ensure compliance with the		
3	compliance plan discussed with Licensee on 02/29/2020 during the Non - compliance meeting held at		
4	San Bruno Office. LPA was given a virtual tour of the facility by Director of Health Service, Glynis		
5	Marcantel.		
6			
7	LPA discussed with Executive Director, Joan Newman regarding facility's protocol on elopement		
8	prevention, pressure injury prevention and fall prevention which includes appraisal and re-appraisals of		
9	residents, identifying and meeting residents' needs, plan of care, physical plant safety, residents		
10	personal rights, staff training and staff monitoring and medication monitoring plan.		
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12	As per the compliance plan, this inspection will be conducted frequently. LPA sent the report to		
13	Administrator for review and signature.		
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NAME OF LICENSING PROGRAM MANAGER: Brenda Chan			
NAME OF LICENSING PROGRAM ANALYST: Shabana Buksh			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/18/2020

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/18/2020

This report must be available at Child Care and Group Home facilities for public review for 3 years.